Have you already participated in the 2020 PIT Survey?  Yes  No

1. Where did you spend the night of Tuesday, January 28th? (Check ONE only)

<table>
<thead>
<tr>
<th>Homeless</th>
<th>Emergency Shelter</th>
<th>Code Blue Warming Center</th>
<th>Youth Shelter</th>
<th>Domestic Violence Shelter</th>
<th>Transitional Housing</th>
<th>Transitional Housing for Victims of Domestic Violence</th>
<th>Hotel/Motel paid for by Agency</th>
<th>Safe Haven</th>
</tr>
</thead>
</table>

2. In what town did you spend the night?
State:______County:__________
Town_________________________
Program Name__________________
Agency Name____________________

3. How long have you been in your current living situation?

<table>
<thead>
<tr>
<th>Years</th>
<th>Months</th>
<th>Days</th>
</tr>
</thead>
</table>

4. During the past 12 months, how many months have you been on the street, in a shelter, or in a Safe Haven?

- On the Streets
- In Emergency Shelter
- In a Safe Haven

5. How many separate times have you been on the street, in a shelter, or in a Safe Haven within the past 3 years (since January 28, 2017)?

<table>
<thead>
<tr>
<th>Episode 1</th>
<th>Episode 2</th>
<th>Episode 3</th>
<th>Episode 4</th>
<th>Episode 5</th>
<th>Episode 6</th>
<th>Episode 7</th>
<th>Episode 8</th>
<th>Episode 9</th>
<th>Episode 10</th>
</tr>
</thead>
</table>

6. Who was homeless with you on the night of January 28th?

<table>
<thead>
<tr>
<th>Relationship to Head of Household</th>
<th>First Initial</th>
<th>Middle Initial</th>
<th>First 2 Letters of Last Name</th>
<th>Age</th>
<th>Gender</th>
<th>Sexual Orientation</th>
<th>Ethnicity</th>
<th>Self-Identified Race</th>
<th>Relationship to Head of Household</th>
<th>First Initial</th>
<th>Middle Initial</th>
<th>First 2 Letters of Last Name</th>
<th>Age</th>
<th>Gender</th>
<th>Sexual Orientation</th>
<th>Ethnicity</th>
<th>Self-Identified Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Where was your last permanent address before becoming homeless?
Country: ____________________________
State: _______________________________
County: _____________________________
Town: _______________________________

8. What was your residence prior to your current living situation? (Check ONE only)
- Place Not Meant for Human Habitation
  (On the Street, Bus, Car, Airport, Abandoned Building)
- Emergency Shelter or Emergency Hotel Voucher
- Transitional Housing for Homeless Persons
- Safe Haven
- Hotel/Motel Paid for Without Voucher
- Apartment paid for with temporary Rental Assistance from the Board of Social Services
- Permanent Housing
- Permanent Supportive Housing Program
- Staying with Friends or Family
- Psychiatric Hospital or Treatment Facility
- Jail, Prison, or Juvenile Detention Facility
- Long-Term Care Facility or Nursing Home
- Foster Care Home or Foster Care Group Home
- Medical Hospital (emergency room, acute care)
- Substance Abuse Treatment Facility/Detox
- Rooming House
- Other: ______________________________

9. What was the primary factor that contributed to or caused your current living situation? (Check ONE only)
- Loss or Reduction of Benefits
- Loss or Reduction of Job Income
- Eviction or at Risk of Eviction
- Rent Increase/Insufficient Income
- Foreclosure of Rented or Owned Property
- Substandard Housing
- Relocation
- Released from Prison/Jail
- Released from Hospital
- Released from Psychiatric Facility
- Physical Illness
- Mental Illness
- Injury
- Drug/Alcohol Abuse
- Domestic Violence
- Asked to Leave Shared Residence
- Household breakup/death in household
- Natural Disaster
- Other: ______________________________

10. What is your total monthly household income?
$ ________________________________

11. Which of the following do you, or anyone in your household receive? (Check ALL that apply)
Sources of Income
- SSI
- SSDI
- TANF
- General/Public Assistance/Welfare
- Unemployment
- Private Disability Insurance
- Work Income/Wage
- Worker’s Compensation
- Alimony
- Child Support
- Veteran’s Pension
- Social Security
- Temporary State Disability
- Other: ______________________________

Non-Cash Benefits
- Food stamps/SNAP
- Medicaid
- Medicare
- State Children’s Health Insurance/Family Care
- State Health Insurance for Adults
- Indian Health Insurance
- VA Medical Benefits
- WIC/Special Nutrition Program for Women, Infants, and Children
- TANF-Funded Services (Child Care, Transportation or Other)
- Section 8/Public Housing/Ongoing Rental Assistance
- Temporary Housing Assistance
- Other: ______________________________

No Source of Income
Receiving No Government Benefits

12. Would you, or anyone in your household, like to receive any of the following services? (Check ALL that apply)
- Emergency Shelter
- Housing
- Substance Abuse Treatment Services
- Mental Health Care
- Financial Assistance for Security Deposits
- Financial Assistance for Utilities
- Financial Assistance for Housing
- Emergency Food or Meal Assistance
- Domestic Violence Services
- Legal Services
- Assistance Obtaining ID
- Educational Training
- Employment Assistance
- Veterans Services
- Family Reunification
- Other: ______________________________

Thank you for participating in the 2020 Point-In-Time survey!